December 31, 2008

Laura Burns Heffner Alcohol and Drug Abuse Administration 55 Wade Avenue Catonsville, MD 21228

Dear Ms. Heffner:

Our primary mission remains unchanged: to reduce alcohol and other drug abuse and related problems in the community. Further, our mission is to promote and facilitate prevention, outreach, advocacy and coordinated service delivery.

In July 2008 we submitted a revised status report, based on three primary goals. We have continued to focus our efforts in those areas, based upon our updated data analysis of the needs of the jurisdiction in our 2008-2009 Strategic Plan. These primary goals are:

- Goal 1, focuses on prevention and early intervention activities for youth between the ages of 12-17;
- Goal 2, focuses on supporting and expanding the continuum of services available for adolescents; and
- Goal 3, addresses the continuum of care for adults with a focus on special populations, including the criminal justice population and those with co-occurring disorders.

We have a cohesive, committed Council, and have continued to progress on our goals, in spite of significant fiscal constraints. While some of our planned strategies have had to be postponed or scaled back, we continue to work collaboratively to reduce alcohol and drug abuse in our growing county. Enclosed is our progress report for July 2008-December 2008.

Samuel Graves, CCDAC Chair

County Commissioner

CC. Attachment

Drug and Alcohol Abuse Council Report December 31, 2008

Vision

The Charles County Drug and Alcohol Abuse Council envisions a community that is safe and healthy, free of the detrimental effects of drugs and alcohol.

Mission

Our mission is to reduce alcohol and other drug abuse and related problems in the community. Further, our mission is to promote and facilitate prevention, outreach, advocacy and coordinated service delivery.

2008-2009 Goals and outcomes are as follows:

GOAL 1: EDUCATE AND ASSIST FAMILIES IN CHARLES COUNTY TO LIVE HEALTHY AND DRUG FREE LIVES THROUGH EVIDENCE BASED PREVENTION AND EARLY INTERVENTION PROGRAMS.

Objective 1: Maintain and increase opportunities for public education and awareness, with a focus on families and foster families of pre-teen and teen age youth (ages 12-17).

Action Plan:

Steps for Goal 1, Objective 1:

- Update inventory on all local funded prevention programs that focus on evidence based prevention activities. (July 2008)
- Coordinate the development and implementation of a broad based public education campaign with the Coalition. (July 2008)
- Support Charles County Public Schools (CCPS') sponsorship of annual transition dinners for children graduating from middle schools through the provision of updated information on substance abuse facts and resources. (July 2008)
- Identify and implement an evidence based program appropriate for foster care parents to strengthen the family system and decrease first use of substances among the children in foster care. (see below)

Personnel Responsible: Prevention staff, Charles County Substance Abuse Advisory Coalition, Department of Social Services, and Public School prevention staff.

Intended Measurable Outputs

- Prevention Inventory completed and disseminated to council and coalition.
- Updated resource information is made available to 100 families who participate in Transition Dinners.
- Maryland Adolescent Survey will reflect a reduction of 5% first use among 12-13 year olds in 2009.

Actual Output:

We are working in collaboration with the College of Southern Maryland's *Drug Free Communities Support Program (DFC)* through a coalition. They are coordinating the distribution of brochures, sponsoring a Living Healthy and Drug Free Information and Awareness Day, and other outreach activities.

Underage Drinking:

The Chemical People of Charles County, GEICO, and the Charles County Department of Health's' Prevention Office, collaborated in placing a car that had been involved in a horrific accident on the campus of each of our six high schools prior to prom. The written message was "I Will Not Drink and Drive, Nor Will I Ride With Someone Who has been Drinking". There were no tickets, arrest, or accidents associated with Drinking and Driving during our proms and graduations in 2008.

Records indicate that 88 were given alcohol citations for the period of January 2008 through October, 2008. In 2007 there were 74 citations for under age drinking in the County.

Many prevention programs are in place, including the DARE program, a comprehensive substance abuse prevention program in place for all grades through the school system, a Second Step program conducted at each of the six Head Start sites.

Public Education and Awareness:

The Coalition housed at the Community College of Southern Maryland hosted a "Living Health and Drug Free Information and Awareness Day at the local mall. Approximately 800-900 children and adults stopped by and picked up information. The Department of Health, Division of Substance Abuse Treatment and Prevention services created a parent information booklet. 5,000 copies were printed and will be distributed throughout Charles County.

Prevention Inventory:

The prevention inventory is now complete and is being disseminated widely. The Health Department, in collaboration with the College of Southern Maryland's *Drug Free Communities Support Program, (DFC)* has been active in increasing awareness

throughout the community, cross-training other county professionals, as well as developing and disseminating information in a variety of public forums. Examples of outreach activities conducted during this period include:

- ❖ Hosting a false I.D. workshop in conjunction with the Sheriff's office;
- Hosting two workshops on the SMART reporting systems to train local DJS staff and substance abuse treatment programs;
- ❖ Coalition sent 8,000 brochures on Local, State and Federal laws pertaining to Drug and Alcohol abuse were distributed to students at the College of Southern Maryland.

Objective 2: Evaluate options to establish school-based screening, assessment and referrals in public high schools and middle schools.

Action Plan

Steps for Goal 1, Objective 2:

- Determine existing unmet need for school-based services.
- Identify existing alcohol and drug prevention based models in the schools.
- Increase use of evidenced based programs in the schools.
- Identify public and private partners to implement expansion of services.
- Expand funding resources

Personnel Responsible: H.D. Prevention Coordinator, HD Substance Abuse Director, A&D Abuse Council members, Public School representatives

Intended Measurable Outputs:

- Implement standardized screening and intervention services in interested public schools.
- Next Step: Monitor results of screening, assessment and referral services to track timeliness of appropriate referrals of youth to community based services.

Actual Output:

School based screening has begun, and 10 youth were screened, with 5 referred for services during the period July 2008 and December 3, 2008. Suspensions for alcohol use have steadily increased over a four year period, from 1 in 2006, up to 31 in 2008 up to December 3, 2008.

While the school system has not been able to staff fully for screening, they have increased the timeliness of referrals. DJS has been notified of individuals heading to intake that admit to long term use. To date, none of the referrals have made it to drug court. DJS, the school system and probation staff have been strengthening their efforts to increase referrals, and DJS staff are examining the intake to facilitate the assessment process to make it more efficient and effective.

Objective 3: Establish funding base for school-based screening, assessment and treatment referral services.

Action Plan:

Steps for Goal 1, Objective 3:

- Determine the current funding of school-based services, number of students seen annually.
- Identify a funding source to establish school-based screening, assessment, and treatment referral services, based on the needs assessment and funding needs.
- Implement school-based services in at least 2 schools with highest percentage of reports of substance use.
- Monitor results of screening, assessment and referral services to track timeliness of appropriate referrals of youth to community based services.

Personnel Responsible: School representatives, HD prevention and treatment leadership.

Intended Measurable Outputs: (Within funding limitations)

- 75 youth will receive screening services during the 2008/9 school years.
- 25 youth will be referred for assessment and intervention with parental approval.
- Adolescent Level 1 Alcohol and Drug treatment services will increase by 15% by 2009.

Actual Outputs:

End of year numbers will be available for the July 2009 report.

- In FY 2008 the Substance Abuse Treatment and Prevention Services (SAT&PS) received 31 referrals from the drug court, (9 female, 22 male).
- In FY 2008, SAT&PS received 17 referrals from the Charles County Public Schools, (3 female, 14 male).

Actual Output: Performance Target

Maryland Adolescent Survey will reflect a reduction of 5% first use among 12-13 year olds in 2009.

Objective 4: Work with partners in the community to evaluate effectiveness of early intervention programs for high risk youth.

Action Plan:

Steps for Goal 1, Objective 4:

• Identify opportunities to establish evidenced based prevention and intervention programs with high risk youth. Survey local community service providers and other entities that serve high risk youth and families and develop a resource directory.

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- Reallocate funds to evidence-based prevention programs and seek additional funding sources to allow for expansion.
- Provide information, training materials, staff support to Coalition for their development of a Safe Communities Center (SAF) as a county-wide resource center.

Personnel Responsible: CSM, Coalition, HD.

Intended Measurable Outputs:

- Increase evidenced based prevention. services in the community
- SAF will build community awareness of local alcohol and drug abuse patterns and related consequences in our community.
- HD will provide updated information on community resources to SAF.
- At least 100 youth, parents, and community members will request information, support or referral sources from the SAF

Actual Outputs:

The treatment and prevention offices have worked together to offer the Nurturing Parenting Program to the female and occupants at the Charles County Detention Center for the past two years. In this two year time frame approximately 80 women have gone through this **Evidence Based program** and only one participant has been re-arrested.

The Nurturing Parenting Program for the male occupants at the Charles County Detention Center was started in January 2008 and is doing well; approximately 40 males have gone through the program to date.

Goal 1 Performance Target:

• Reduce the overall incidence of first use of substances among youth ages 11-17 by 5%.

Goal 1 Measure:

• Decrease the number of new users based on Maryland Adolescent Survey.

GOAL # 2: REDUCE ADOLESCENT SUBSTANCE ABUSE THROUGH THE DEVELOPMENT OF AN ACCESSIBLE CONTINUUM OF SERVICES DELIVERED IN THE LEAST RESTRICTIVE SETTING.

Objective 1: Expand Juvenile Drug Court to serve up to 25 youth by end of June, 2008.

Action Plan:

Steps for Goal 2, Objective 1:

• Identify sources and increase overall allocation of funds to ensure adequate treatment slots for increased numbers.

- Provide information regarding the drug court process and procedures to local law enforcement systems to expedite prompt referrals to juvenile court.
- Coordinate with child serving agencies to identify alternative venues in order to target youths involved in substance use and abuse who are typically not arrested (ages12-13).
- Provide continual monitoring of youth outcomes through data fed into state-wide system.

Personnel Responsible: Juvenile Court personnel, CC Sheriff's Office, HD, CCPS.

Intended Measurable Outputs:

- With a 12 month average for completion, 25 youth will be served annually in 2008.
- 50% retention of Drug Court Youth for at least 6 months.

Actual Outputs:

Statistics for the operation of the Charles County Juvenile Drug Court (JDC) Program from July 1, 2008 through December 1, 2008 indicate that 30 youth were accepted since the onset of the program in May 2006 of those, 16 had completed the program as of December 4, 2008, and 8 did not successfully complete the program.

Addressing substance abuse among our youth has become a service priority for our community as statistics continue to demonstrate that the substance abusing population in Charles County has been extremely under-served. Current estimates indicate that over 7,320 County residents are in need of specialized substance abuse treatment services. Of this number, approximately 750 adolescents require early intervention and treatment services. Including today's JDC graduates, 9 participants have successfully completed our intensive 12-18 month treatment regiment and a total of 23 have been accepted into the program.

The Charles County JDC is required to collect and enter all clients' case data into the Statewide Maryland Automated Records Tracking (SMART) system. SMART is a webbased management information system developed by the University of Maryland's Bureau of Government Research for Maryland's Alcohol and Drug Abuse Administration (ADAA). In addition to Maryland Drug Courts, all publicly funded, licensed and certified treatment programs in Maryland are required to enter case data into the SMART system. SMART offers a comprehensive approach to the efficient client case data and services that ensures continuity and coordination of client care. The program also helps foster desired program and system outcomes by establishing performance measures. SMART facilitates NPC Research's analysis of drug court operations and outcomes including all jurisdictions, which allow researchers, the Office of Problem Solving Courts, and local drug court programs to document and closely monitor program performance (i.e.: client targeting, treatment participation, court outcomes and overall performance outcomes) in their perspective districts.

The barriers and challenges have been identifying clients that are appropriate for the program and who meet the eligibility criteria. Reasons that clients have been rejected in the past include but are not limited to:

- Inappropriate for intensive outpatient treatment
- Not a Charles County resident at the time of admission
- Not age appropriate at the time of admission
- Felony drug offense or violent offender
- Client and/or parents declining the program (program remains voluntary)

Additional plans are underway to enhance the referral base for the program to include:

- State meetings with the Public Defender's Office on policies and procedures.
- Creating an early detection and referral program with the Charles County Sheriff's Office, Juvenile Resource Officers.
- Taking clients after they are released from in-patient care and referred to intensive out-patient.

The county is currently exploring the development of a Family Recovery Court. According to the National Center on Addiction and Substance Abuse at Columbia University, substance abuse and addiction severely compromise or destroy the ability of parents to provide a safe and nurturing home for the child (1999). Children who come from families who abuse substances often have various mental health and developmental disabilities due to this form of neglect. Many of the children involved in our foster care system are removed from their parent's custody due to the parent's inability to appropriately provide and care for them due to substance abuse issues.

The majority of these families will be under the authority of the court through a Child In Need of Assistance (CINA) court proceeding or Termination of Parental Rights (TPR) proceeding therefore putting the child at risk for placement out of the home. The Family Recovery Court Program will provide parents the opportunity to keep their families in tact while receiving services that address client substance abuse issues, family therapy, parenting skills, drug testing and screening, transportation, legal fees, etc.

The effectiveness of the Family Recovery Court program (also known as Family/Dependency Drug Treatment Court through the Maryland Office of Problem Solving Courts) will reduce the numbers of abuse and neglect while stabilizing the family unit and maintaining at-risk children within the home and community.

Other ancillary needs will be met focusing on family preservation and restoration through the availability of other programming services provided through collaborations established by the court with other vested community partners to include family therapy, parenting classes, educational and vocational development for clients, medical and dental services for clients, housing services for clients, and transportation services for clients.

The partners included in the planning process for the Family Recovery Court program are many and include the Charles County Circuit Court Juvenile Court Judge, Local Management Board, Department of Social Services, Department of Juvenile Services, Public School System, Department of Health: Substance Abuse, Maryland's Office of Problem Solving Courts, State's Attorney's Office, Office of the Public Defender, Charles County Sheriff's Department, and many other community partners to include private businesses, non-profit organizations, clergy, etc. Family input for Family Recovery Court program has been provided through the success of the Juvenile Drug Court within Charles County. The needs of the families will be individualized through a multi-disciplinary team approach to provide treatment plans that precisely meet the needs of each family thereby addressing the family's needs in a prioritized manner as opposed to a "cookie cutter" plan to be followed by each family.

The plans for the Drug Court Program in Charles County for FY09 have been developed. They include:

- The expansion of the Juvenile Drug Court referral rate by 50%
- The addition of a Family Recovery Court in Charles County to handle a caseload of 25 families
- The need for additional human resources to support the expansion and addition of these programs and services to include:
 - o A court case worker to monitor both Juvenile and Family Recovery Drug Court cases (FY 2009)
 - o Substance abuse treatment screeners/assessors for early on identification for Drug Court Treatment Programs (FY 2009).
 - o Plan for a much needed detoxification treatment facility within Charles County.

Objective 2: Develop a comprehensive cross training program for staff in agencies such as DSS, Human Services Partnership (HSP) and Juvenile Services to increase their ability to identify and properly refer children, youth and families to services, especially for youth aged 12-15 years.

Action Plan:

Steps for Goal 2, Objective 2:

- Develop a training curriculum to provide accurate, timely information on substance abuse screening, referral and treatment options by June 2008
- Identify or develop a variety of media to provide training, including video, written information and web site options.
- Identify critical audiences for training in departments that serve youth.
- Schedule and hold at least two trainings by December 2008.

Personnel Responsible: HD Treatment and Prevention staff, DSS, HSP, and CCPS.

Intended measurable outputs:

- Training curriculum developed.
- Two trainings are held and participant response surveyed.

Actual Outputs:

The Health Department staff and DJS are receiving training in the collection and entry of data into the new SMART system. Additionally the Human Services Partnership is working with the Health Department substance abuse treatment staff on training in recovery and resilience. The Partnership is planning a one day training program for cross training staff from all local child serving agencies on the role, relationship and issues related to substance abuse treatment and prevention services and mental health. DSS provides ongoing monthly training to staff of identification and referral of appropriate families to the mental health/substance abuse service delivery system, and are working in coalition with other agencies in the development of the family recovery court.

Objective 3: Expand outpatient Alcohol and Drug treatment for youth

Action Plan:

Steps for Goal 2, Objective 3:

- Monitor requests for youth services
- Monitor unmet need through local data collected by HSP single point of access, juvenile services, drug court and other child-serving agencies within the Council.

Personnel Responsible: HD, HSP, Drug Court Personnel, Juvenile Services.

Intended Measurable Outputs:

• Fill all available adolescent treatment slots. Assure timely expansion of adolescent treatment slots based on need.

Actual Outputs:

All available adolescent slots are not filled. Efforts are ongoing with well defined plans for expansion of the drug court. Local data is now shared in the SMART program. A review of data from ADAA funded treatment slots for adolescents indicates that the health department discharges 8 adolescents, 100% completed treatment or were referred and there was a 66.7% drop in substance abuse while in treatment. 179 were retained at least 90 days in Level I services, and 19 entered another LOC.

Goal 2 Performance Target:

• Reduce recidivism rates for drug court by 5%.

Goal 2 Measurements:

- Juvenile Service intake and disposition data
- Drug court data on referrals, outcomes

GOAL 3: DEVELOP AND MAINTAIN A CONTINUUM OF EFFECTIVE AND EFFICIENT SERVICES FOR ADULT POPULATIONS, INCLUDING THOSE WITH SPECIAL NEEDS.

Objective 1: Maintain current jail-based services.

Action Plan:

Steps for Goal 3, Objective 1:

- Seek funds to maintain existing level 2.1 and level 1 jail-based services for male and female inmates
- In the interim, redirect personnel resources to serve the 49 targeted inmates
- Identify long term funding source to ensure adequacy of jail-based services to meet needs of prisoners.

Personnel Responsible: HD, Detention Center, Sheriff's Office, County Government

Actual Outputs:

Funding has been secured through ADAA resources to maintain the Jail based services for our county. This program continues to operate

Objective 2: Increase resources for identification and treatment of individuals with co-occurring disorders (substance abuse and mental illness) in community settings.

Steps for Goal 3, Objective 2:

- Identify existing funding sources for specialized services to meet the needs of individuals with co-occurring disorders within both substance abuse and mental health budgets of county agencies.
- Utilize best practices as identified by SAMHSA evidence-based protocols to deliver appropriate treatment for individuals with co-occurring disorders.
- Expand collaborate efforts with local mental health providers, substance abuse providers, HSP and community advocacy groups to advocate for cross training and to develop a seamless system of assessment and treatment services.
- Support efforts to strengthen resources for residential services which focus on the needs of clients with serious co-occurring disorders.
- Explore opportunities to support locally developed Dual Recovery Mutual Self Help groups to foster ongoing recovery.

 Personnel Responsible: HD, HSP, private and public providers.

Intended Measurable Outputs:

- 75 inmates will receive assessment, treatment, and case management services within the jail setting to prepare them to develop pro-social behaviors and effectively return to the community in 2008.
- Funding of \$ 43,050 is made available to serve the jail-based population.
- Retention of 90 days and 62% successful completion of treatment will meet or exceed state performance measures.
- 30% of inmates who complete the jail based treatment program will engage in continuing care in the community to support recovery and reduce recidivism.
- 60 individuals with co-occurring disorders will receive assessment, specialized treatment and case management services in 2008.

Actual Outputs:

From July 1, 2008 through October 31, 2008, 40 clients were served in Level I jail-based outpatient treatment; 42 served in Level II IOP. 12 additional clients were served with cooccurring disorders in Level I and 12 in Level II.

The health department serviced 437 clients in Level I, 13 in Level II and is treating 9 clients with co-occurring disorders. The Human Services Partnership served 93 clients from July 1, 2008 through September 30, 2008, delivering 1,201 services, and for fiscal year 2008 186 clients were served, receiving 11,572 services.

Objective 3: Evaluate options for funding for additional detoxification services outside the Emergency Room.

Action Plan:

Steps for Goal 3, Objective 3:

- Collect and evaluate data on lengths of stay and disposition of patients in local ER beds for detoxification to assess and quantify unmet need for medical detoxification.
- Based on need, identify funds in partnership with the Hospital for the provision of detoxification services.
- Explore options for medically managed, non-hospital detoxification services within the community.

Personnel Responsible: Civista Hospital, Emergency Room service providers.

Intended Measurable Outputs:

- Service agreements regarding purchase of service for indigent Charles County residents in need of specialized detoxification beds will be prepared and approved by June 2008.
- Need for detoxification beds quantified by December 2007.
- Funding for medically managed residential detoxification beds will be made available by July 2008.

Actual Outputs: No Progress. At this time, funds are not readily available.

Goal 3 Performance Targets:

• Increase the number of adults with co-occurring disorders receiving coordinated treatment services by 5% above population increases.

Goal 3 Measures:

- Increase in number of identified adults in treatment, based upon treatment program reporting data.
- Actual Impact on Performance Target:

Budget

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Goal 3 (Objectives 1-4)	Current Funding	Current Source(s)	Nature and source of budgetary change needed(or received)	Changes in numbers or population served.
Maintain jail services	\$ 193,735	ADAA: STOP grant	Fully funded to maintain treatment services	25 Level 1 slots 24 Level 2.1 slots
Increase resources for co-occurring disorders treatment	Existing resources	ADAA	To be determined	Deferred
Increase options for detoxification	О	No special Purchase of Service	\$ 25,000	25 people @ for medically monitored residential

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Updated 12/18/08